



Texas State Board of Dental Examiners

333 Guadalupe, Tower 3, Suite 800

Austin, Texas 78701-3942

(512) 463-6400 Fax (512) 463-7452

Duplicate Certificate Request Form (For Dental Assistants)

Instructions: Use this form to request another copy of your (half-sheet) registration certificate. Fill out form completely using black or blue-black ink and do not leave any questions blank. Mail this form along with your non-refundable fee to the TSBDE at the address listed above. Payment can be made by check, money order or cashiers check (do not send cash). If requesting more than one certificate, please pay \$25.00 for each certificate requested. Your renewal fee covers the cost of your annual registration certificate. Please allow two weeks for processing. Your annual registration certificate will be mailed to your address on file with the TSBDE.

<input type="checkbox"/> X-Ray \$25 each	How many?	Amount	Total Amount Due
<input type="checkbox"/> Nitrous Monitoring \$25 each	How many?	Amount	

Social Security #:	NOM Registration #	X-Ray Registration #
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Current Information

First Name	Middle Name	Last Name
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Current Address:	City	State	Zip
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Permanent Address:	City	State	Zip:
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Work Address:	City	State	Zip
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Preferred mailing address: (preferred address will be made available to the public)			
<input type="checkbox"/> Current	<input type="checkbox"/> Permanent	<input type="checkbox"/> Work	

Daytime Phone #:	Email Address:
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*Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

I understand that my requested certificate(s) will be mailed to the address selected as my preferred mailing address.

Signature

Date